



Student Financial Assistance
 1906 College Heights Blvd, #11018
 Bowling Green, KY 42101-1018
 270-745-2755 FAX 270-745-6586

APPEAL FOR TITLE IV FINANCIAL AID

This appeal does not apply to Academic Scholarships

FOR OFFICE USE ONLY				
Enrolled Hrs Current _____	Next Term _____	ROASTAT Current _____	Changed to _____	
SHATERM Earned Hrs _____	GPA Hours _____	GPA _____	Needs Degree _____	Is on File _____
RRAAREQ _____	SGASTDN _____	TSAAREV _____	ROAUSDF _____	SOAHOLD _____
RHACOMM _____				

Please Print Name _____

Student ID or SS# _____ Phone No. _____

Please Print Local Mailing Address _____

City State Zip

Term for which you wish to receive financial aid _____

Other Colleges Attended (Name and dates attended) _____

Instructions

1. Complete all pages of this form and provide all supporting documentation as described on the 2nd page. **APPEALS WITHOUT DOCUMENTATION WILL NOT BE REVIEWED.**
2. Return your appeal form and supporting documentation to our address listed above.
3. SFA will notify you if any additional documentation is required to process your appeal. **SFA's final decision regarding your appeal will be sent to you via email. If your appeal is denied it will be your responsibility to pay your University bill.**

By signing this form, I understand that: 1) I must be officially enrolled for the semester/term for which I am appealing. I understand that if my appeal is denied, I am responsible for full payment of fees. 2) I am responsible for any payment due while my appeal is being processed. 3) I am responsible to see that all my application materials have been submitted. 4) If my appeal is approved, any aid that I may be receiving could be delayed since my unsatisfactory academic progress has/had delayed the awarding process. **5) If my appeal is approved, I must earn at least a 2.0 GPA (3.0 Graduate) for the semester and earn 100% of the credit hours for which I am awarded financial aid.**

Student Signature

Date



Student Financial Assistance
1906 College Heights Blvd, #11018
Bowling Green, KY 42101-1018
270-745-2755 FAX 270-745-6586

Appeal Contract

Term: _____

Student Name (Please Print Clearly)

Student ID

Students who are eligible to appeal for financial aid must complete the following Appeal Contract along with the Appeal Form (above) for Title IV Financial Aid. By initialing each statement you are agreeing to meet the following requirements for the term in which you are appealing.

Please read and understand each statement carefully before initialing.

_____ I am responsible for any payment due while my appeal is being processed.

_____ I am responsible for checking on the status of my appeal.

_____ If my appeal is approved, any aid that I may be receiving could be delayed since my unsatisfactory academic progress has/had delayed the awarding process.

_____ If my appeal is approved, I must earn at least 2.0 (3.0 for graduates) GPA for the semester AND earn 100% of the credit hours for which I am awarded aid. (i.e. If I get aid for 12 hours, I must earn 12 hours).

_____ I understand that if my appeal is denied I am responsible for full payment of university charges.

_____ If my appeal is denied, to be eligible to regain aid I must meet one of the following requirements:

- Do not attend school for one calendar year. Does not include summer term.
- Pay for and complete 6 credit hours with a minimum 2.0 GPA without receiving any federal aid for that term.

_____ Appeals are reviewed by the Financial Aid Appeals Committee. The decision of the committee is final.